

## Right message, right time

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## 16 Right message, right time

### How adults can support young people's engagement with health-related social media

*Victoria A. Goodyear and Kathleen M. Armour*

#### Chapter overview

Many relevant adults who are invested in young people's health and wellbeing (including teachers, parents/guardians, health professionals/practitioners, policy makers) are aware that young people are prolific users of social media, but they are uncertain about how to support young people in their engagement with health-related digital media. In this chapter, we review the evidence presented in the previous chapters and provide evidence-based guidance for educators, policy, and researchers. We consider clear challenges in the process of meeting the needs of multiple stakeholders and knowledge translation, and evaluate the effectiveness of the pedagogical case model as a professional development tool.

#### Introduction

In today's media-rich, technologically innovative environment, schools, teachers, parents, and carers are expected to ensure that young people remain healthy and safe online (Armour 2014; Harris *et al.* 2016; Livingstone *et al.* 2017; Patton *et al.* 2016). This places considerable pressure on contemporary adults who may be ill-equipped to meet young people's needs and demands in an increasingly complex digital media landscape (Livingstone *et al.* 2017; Livingstone and Third 2017). Indeed, many adults are struggling to keep track of the pace of technological advancement and the ways in which digital/online spaces – such as social media – are creating new ways of living and being for young people (Ito *et al.* 2010; Turkle 2017).

The contemporary digital world differs greatly to the childhood experiences of most adults (Buckingham 2013), and this has inevitably created challenges for the ways in which policy makers, schools, health and education professionals/practitioners, and parents and carers tend to frame and approach the types of support that they attempt to provide for young people (Clark 2013). It has been argued that adults tend to make judgements based on their childhood experiences of passive media (e.g. magazines or TV) (Clark 2013), and while there are some similarities between 'old' and 'new' media, adults can find that they lack the knowledge and skills they need to be able to understand and engage effectively

with young people's digital spaces (boyd 2014; Livingstone *et al.* 2017), as a range of international evidence illustrates (see Kidron and Rudkin 2017; Third *et al.* 2014). At the very least, this suggests that policy makers, schools, health and education professionals/practitioners, and parents and carers need access to appropriate levels of professional support and the latest evidence-based guidance (Goodyear *et al.* 2018a, 2018b). While a gap between the worlds of adults and young people has always existed, and is apparent in contexts that transcend digital media, there appear to be very large gaps in adults' understanding of young people and their engagement with digital media, and this is creating problems for how young people are supported to grow and develop into healthy, knowledgeable, and safe citizens (Livingstone *et al.* 2017; Kidron and Rudkin 2017).

The aim of this book was to provide practical information for policy makers, schools, health and education practitioners/professionals, and researchers, as well as ensuring that the evidence presented would be engaging and relevant to parents/guardians. The focus has been on young people's engagement with health-related social media as one illustrative example of a very powerful digital health-related medium within the vast and expanding digital landscape. We adopted and adapted a pedagogical case model to structure the book in order to communicate evidence-based research in an accessible format and to position the book as a professional learning mechanism and resource. The book relies heavily on the perspectives and experiences of young people to frame analysis, discussion, and commentary.

The structure of the book reflects our ambitions. In Part I, we presented a series of data-rich case studies that illustrated some of the many ways in which young people engage with social media and how and why this can have an influence on their health-related knowledge, understanding, and behaviours. In Part II, we stepped back from the vivid data and drew on a range of different disciplinary perspectives to better understand the ways in which health-related social media can influence young people. In this third part, the information from the previous sections has been crystallised into evidence-based actions and guidelines that can help relevant adults to mitigate against risks while simultaneously optimising the potential for young people's engagement with digital health-related media. The purpose of this chapter is to answer the question: so what? Have we achieved what we and our chapter authors set out to do? Will the book be 'useful' to intended audiences and what are the barriers? We address these questions in four sections:

- Key findings: Meeting the needs of multiple stakeholders.
- Issues to be considered in the processes of knowledge creation, co-construction, and translation.
- A review of the effectiveness of the pedagogical cases model as a professional development tool.
- Where next?

## Meeting the needs of multiple stakeholders

The chapters in this book have reinforced, vividly, the need to engage all health and wellbeing stakeholders if young people are to be supported to use digital media effectively. In particular, Part II provides evidence that the support young people require crosses multiple contexts (e.g. home, school, community settings, and digitally/online) and should involve diverse individuals (e.g. teachers, clinicians, social media site providers, peers). It was also apparent that there is a need for seamless support, and that a consistent message and approach must be adopted between different individuals, contexts, and sectors. There is robust evidence from other areas, such as in youth mental health, that the adoption of consistent messaging by policymakers, service providers, and schools is most likely to result in positive impacts on knowledge, understandings, and behaviours (Beidas *et al.* 2016; Patton *et al.* 2016). The main evidence-based message for stakeholders from this book can, therefore, be summarised as follows:

Social media is a very powerful educative health resource that has considerable significance in the lives of contemporary young people. Most young people experience positive impacts and are critically aware users and generators of health-related social media. While the health-related risks of social media should not be excluded, adults must focus on supporting young people to engage with social media so that they can realise more of the positive impacts on their health and wellbeing. The health-related risks of social media should not be ignored, but an action for adults is to become suitably digital literate so that they can promote positive outcomes and offer support to young people at times of vulnerability.

Although consistent messaging is important, it is also important to develop audience-specific messages (Holt *et al.* 2017; Perrier and Ginis 2018), whether that is for adult stakeholders or young people (Armour *et al.* 2017). To ensure the evidence presented in this book is useful, therefore, there is a need to consider what messages are relevant and to whom?

It has been challenging to identify the types of messages that are most relevant to different adult stakeholder groups. In the research, while there was some appreciation of difference between different groups of adults, such as teachers, researchers, or clinicians (see Chapters 2, 7, 10, 14), adults were mostly referred to as a homogenous group. In Part II, for example, there was little appreciation of different types of needs, priorities, knowledge, and skills that policy makers, teachers, health and education practitioners/professionals, and researchers may have. As a result, it has been challenging to develop audience-specific messages, as has been found elsewhere (Perrier and Ginis 2018). In contrast, authors throughout the book have been very clear that young people have very different experiences of social media and require different forms of support.

In this part, we draw upon all the evidence presented in the book in an attempt to identify the core messages that are relevant to different stakeholder

groups, including policy makers, schools, health and education practitioners/professionals, and researchers, and we then translate these messages into practical actions that could be taken by them. Building on theories of change, evidence-based presentation models, and communication frameworks (see Byrne, Albright, and Kardefelt-Winther 2016), our messages are communicated by identifying: (i) the specific contextual issues that are relevant to each stakeholder group; (ii) the main evidence-based message; and (iii) what actions the stakeholders could take.

### ***Policy makers***

#### *Context*

Policies in Europe are gradually shifting from a focus on a ‘safer’ engagement to a ‘better’ engagement with the internet (Byrne, Albright, and Kardefelt-Winther 2016) and there is a growing emphasis on education and the promotion of digital literacy in schools (Third *et al.* 2014). Yet, policies often fail to meet desired standards (Byrne, Albright, and Kardefelt-Winther 2016; Third *et al.*, 2014). There tends to be an overwhelming focus on risk-management and little guidance is currently available for schools, teachers, parents, and carers on how to ensure young people realise positive impacts from their engagement with digital media (Kidron and Rudkin 2017; Third *et al.* 2017). This issue is further compounded because relevant policies are scattered across a number of different sectors, such as education, ICT, cybersecurity, violence and abuse, where they use different evidence and the advice offered is often contradictory (Byrne, Albright, and Kardefelt-Winther 2016).

#### *Evidence-based message*

Policy has an important role to play in shaping the narratives that surround young people, social media, and health. It is vital that society becomes more aware of the range of positive health benefits that young people can gain from social media engagement, and acknowledge young people’s existing critical skills. Risks should not be ignored, but the detail needs to be better understood and claims about risk need to be more evidence-based. Policy makers should, therefore, ensure that guidance, support, and training are provided for schools/teachers and parents/guardians, and that it is accessible and based on the latest evidence. This also requires a level of quality assurance in order to navigate the plethora of programmes made available to schools on current issues related to health and wellbeing.

#### *Actions*

It is imperative that young people’s health-related uses of social media are considered alongside policy issues related to internet safety, including sexting and

cyberbullying. This includes an acknowledgement of digital health as a specific behaviour, where health-related knowledge, understandings, and behaviours can be shaped by social media. Evidence-based guidelines and resources should be created for service providers of social media and for schools and teachers, and parents, and carers, detailing how young people could be empowered and supported to use social media for positive health education. Guidance should also include direction for how schools and teachers and parents and carers manage risk and pathways of further professional digital health support should be addressed when negative impacts arise. Training funds need to be allocated to schools to support teacher professional learning about social media, and to ensure that schools and teachers can engage with the latest evidence-based practices. Policy makers should also engage in conversations with young people, to ensure that policies remain current and reflective of young people's uses and experiences of digital media.

## ***Schools***

### *Context*

Schools offer a primary site from which to reach a large number of young people, and they are contexts where high-quality health education can be provided for young people (Patton *et al.*, 2016). Many schools across international contexts have taken a proactive role in supporting young people's health and ensuring that they can use and engage with the internet responsibly and effectively (Leahy *et al.* 2016). There are numerous examples of effective school-wide policies on health and e-safety; for example, Chapter 13 refers to the Australian context and a recent focus in schools on the development of health literacy. Schools can also make proactive links with the wider community, and this has been shown to be beneficial in engaging parents and other health and well-being professionals in the support that can be offered to young people (see Chapter 10).

### *Evidence-based message*

Schools should take responsibility for providing an appropriate level of education on digital health for young people, teachers, and learning support staff. Schools could actively shape values, narratives, and discourses that outline how social media can be used by young people to promote their physical activity, improve their diet/nutritional behaviours, and strengthen understandings about body image perceptions (see Chapters 7, 8, 9, and 12). The issue of potential risk should not be ignored; instead educative approaches should be adopted in order to meet young people's demands and needs, rather than resorting to the 'banning' of devices in school settings (see Chapter 7). There are strong suggestions that digital education could be incorporated more effectively into both the pastoral system and the physical education curriculum (see Chapters 8, 9,

and 12) and that teachers are an important source of support for young people (Chapter 7).

### *Actions*

Headteachers should ensure that teachers can access appropriate and evidence-based forms of professional development or training to help them to deliver appropriate forms of digital health education to young people. Professional development and training should focus on supporting teachers and support staff to become digitally literate. This would help teachers to critically evaluate the relevance of health-related information for their own and young people's lives, as well as developing the digital skills to navigate social media so they can understand and offer appropriate levels of support to young people. Policies and curricula should be introduced in schools focused on digital health, and these could emphasise the positive ways in which social media can influence health. Direction is also required on how young people can access support if they feel vulnerable at a particular time point. Schools should ensure that there are sufficient opportunities for young people to be actively involved in the design of school-based initiatives, educational forms of support, and school-wide policies, and they should engage with external health and wellbeing professionals who can offer expert advice and curriculum support.

### ***Health and education professionals/practitioners***

#### *Context*

Health and education professionals/practitioners – such as physical education teachers, youth sport coaches, and/or external professional development providers – rarely have access to the latest evidence-based knowledge and practices (Armour *et al.* 2017; Griffiths, Armour, and Cushion 2018; Makopoulou 2018), particularly when it comes to digital technologies and social media (Casey, Goodyear, and Armour 2016). There is also evidence that engagement with professional development related to digital health-related media is limited, and there is very little guidance available on social media and its links to health (Chapter 9). In the context of physical education, it has been reported that teachers find it challenging to understand how best to integrate technology into their classrooms (Casey, Goodyear, and Armour 2016), and despite their enthusiasm, there is little robust guidance on the types of digital pedagogical practices that are more or less effective (Casey, Goodyear, and Armour 2017).

#### *Evidence-based message*

Digital health-related media is a potentially valuable learning resource for young people, especially where numerous sites and devices are used multiple times a day and are woven into the very fabric of contemporary youth culture (see Chapter 15).



In contrast to much risk-related rhetoric, young people report that digital health-related media can be a very powerful educative medium for them (see Chapters 2–7). As a result, the use of social media and other digital technologies could be harnessed by health and education professionals/practitioners to support the development of young people’s health and wellbeing behaviours (see Chapter 9). For some young people, some of the time, they also require expert support from health and education professionals/practitioners, particularly at times of vulnerability and when they find themselves in situations that could result in harm (see Chapters 10 and 12). Health and education professionals/practitioners may find it helpful to note that young people regard this professional source of information as valuable (see Chapter 10) and there could be an enhanced supporting role for physical education teachers (see Chapter 9).

### *Actions*

This book has been designed to act as a professional development tool for health and education professionals/practitioners. Parts I and II offer evidence of young people’s diverse experiences of health-related social media, and this could be used to prompt critical enquiry and support the development of new practices. It is also clear that professionals/practitioners should promote young people’s digital agency and engage in ongoing conversations to design relevant and effective practices that optimise the power of digital health-related media as a learning resource (Chapters 12 and 15). Activist approaches (Chapter 9) or strengths-based curricula (Chapters 8 and 15) are key ways in which young people can help adults to learn about the numerous ways in which they shape and are shaped by technology and the implications for developing effective educational support. Furthermore, these approaches – alongside body pedagogies (Chapters 8 and 12) – are key ways in which professionals/practitioners can harness young people’s very specific levels of expertise in digital contexts.

### *Researchers*

#### *Context*

In a wide range of fields, local and national governments and third sector providers contribute to the types of practices, programmes, or interventions that are adopted in schools, in homes, by families and/or within community settings (Bryne, Albright, and Kardefelt-Winther 2016). These powerful organisations often rely heavily on research to determine the types of guidance and support that are offered to adults and, in turn, young people (Bryne, Albright, and Kardefelt-Winther 2016; Holt *et al.* 2017; Livingstone *et al.* 2017), and this is certainly the case in health-related issues (Patton *et al.* 2016). Current research, however, has failed to offer different types of insights that can challenge, contradict, or even oppose the widely held opinion that social media is harmful for young people’s health.



*Evidence-based message*

To date, understandings about young people's experiences of digital health-related media have been methodologically and conceptually constrained. The impacts of digital media on health and wellbeing behaviours have not been investigated in ways that provide rigorous outcomes, and there appears to be very limited robust evidence that identifies causal links between digital media engagement and positive or negative physical and mental health outcomes (see Przybylski and Weinstein 2017a, 2017b). These limitations are the result of research across numerous disciplines being dominated by a focus on the medium(s), and user/participant responses to pre-determined capabilities (e.g. accessibility/visibility of information or surveillance/control practices) (Miller *et al.* 2016). Data have also been drawn primarily from surveys, observations and/or parent perspectives, with a dominant focus on vulnerable youth and/or risky online behaviours (James 2014; Mascheroni, Jorge, and Farrugia 2014; Wartella *et al.* 2016). Conceptually, there are further limitations. Research tends to report on risks because it has been grounded in concepts of power, surveillance, governance, and risk (Chapter 12). As a result of these methodological and conceptual weaknesses, many existing programmes/interventions and/or policies tend to be ineffective, as they are based on little, poor, or outdated data that are reported out of context, and grounded in risk/negative outcomes (Gaplin and Taylor 2017).

*Actions*

There is an urgent need to develop a robust evidence-base that can explain young people's engagement with contemporary digital media, and how and why digital media engagement impacts on their health-related knowledge. This book has reported on data that provides new evidence on the intensity, complexity, and diversity of young people's engagement with social media. As these data show, young people are both critically engaged and also vulnerable users and generators of health-related content (see Chapters 2–7). Methodologically, and building on earlier research in the fields of anthropology, psychology, and sociology (see Chapter 1), we have reported on the value of using participatory methods to engage with young people's perspectives and experiences of digital media. Conceptually, and similar to Rich (see Chapter 12), we have also provided new insights into the importance of adopting a pedagogically informed approach in order to engage with young people's needs and understand how their knowledge and behaviours are influenced. The framework presented in Chapter 1, although 'tentative', is an attempt to offer an advanced conceptualisation of pedagogy that is driven by content, and that can be used in future research to shift the narrative away from an overbearing focus on risk. In Part II, a range of theories are also explained, that can provide new ways of understanding health and young people's engagement with digital technologies. Further empirical evidence is, however, required. In particular, we suggest that research should engage with

young people's agency and develop new methodological, conceptual, and ethical techniques that can explain how and why young people, from varying contexts, shift from being critical and effective users of social media to vulnerable and potentially at risk.

In summary, the data and analyses presented in this book offer some important and practical advice for different stakeholders. Yet, the translation of research into effective practice has always been challenging. In the next section, we explore these challenges to identify effective ways forward.

### **Issues to be considered in the processes of knowledge creation, co-construction, and translation**

As we outlined in Chapter 1, in order to determine the types of support that young people require from adults, it is important to recognise that the perspectives of young people matter (Galpin and Taylor 2017; Third *et al.* 2017, 2014). Listening to young people is not only important for supporting their right to expression, but for understanding how their behaviours and knowledge are simultaneously shaping and being shaped by digital technologies (Third *et al.* 2017). Young people can provide insights into whether their health-related needs, hopes and wishes are being fulfilled and the role, or future role, of digital technology in supporting, hindering, and/or harnessing these needs (Third *et al.* 2017). Research that aims to generate insights into the ways in which young people use and experience social media, therefore, appears to be one way to ensure that the support offered to young people is more accommodating and reflective of their needs and demands. In short, we need to focus on the processes of knowledge creation, co-construction, and translation in order to meet the needs of all parties in this space.

Although generating evidence from the perspectives of young people is important, translating that research into evidence with which adults can engage and then use is equally important. Historically, it was thought that researchers simply had to conduct their research *on* 'subjects' and then deliver the research findings to relevant stakeholders who would act on the results (Grimshaw *et al.* 2012; Morden *et al.* 2015). It has since become apparent that this notion of translation is ineffective and, possibly, even unethical. In her AERA Presidential Address, Oakes (2017, p. 91) argued that 'engaging with publics to raise awareness of common problems is a central charge for researchers'. Oakes (2017) made the point that 'perceptions and politics don't change just because they conflict with the data' (p. 91). Scholars must be prepared to translate research in ways that 'effectively communicate research findings and recommendations to various publics in accessible and useful forms' (Oakes 2017, p. 98). Although in this research we have developed the research findings into user-friendly 'guidelines' (see Goodyear, Armour, and Wood 2018b), we also recognise Morden *et al.*'s (2015, p. 1560) point that 'the mere presence of guidelines, no matter how clearly communicated, is insufficient to change practice'. Certainly, novel ways are required to engage researchers and participants and to close persistent

research-theory-practice gaps (Armour, 2017, 2014; Holt *et al.* 2017; Perrier and Ginis 2018).

While frameworks vary (Morden *et al.* 2015), knowledge translation refers to the process of translating research evidence into information that is delivered in a format appropriate for those who can make best use of it (Perrier and Ginis 2018). The process of knowledge translation is very dynamic and iterative, involving interactions between researchers and knowledge users that can improve the application of knowledge to provide more effective policies, programmes and practices (Morden *et al.* 2015; Perrier and Ginis 2018). Collaborating with stakeholders throughout the research is therefore a critical element of knowledge translation and is a process that facilitates the integrity of guidelines, practices, policies, and/or interventions (Holt *et al.* 2017).

In the research that underpins this book we attempted to move beyond the transfer of information and toward an iterative and dynamic approach to knowledge translation. Young people and collaborations with key stakeholders were at the heart of this research design and its conduct. In this book, one of the strategies we used was the adoption of the ‘pedagogical cases’ model (Armour 2017, 2014) in order to bridge the multiple gaps we identified in the existing research, in the new data, and between disciplinary approaches. In Chapter 1, we defined this approach and explained how the pedagogical case model could bridge theory-research-practice gaps through offering a bank of case studies around which stakeholder learning could be organised. In short, pedagogical cases is a multi-disciplinary approach to knowledge translation, whereby academics from different disciplines analyse case studies of young people and/or teachers, with the intention of developing practical and pedagogical evidence-based actions that can better meet learners’ diverse needs (Armour 2017).

In this book, we adapted and refined the pedagogical case model by: (i) *constructing* evidence-based composite narrative case studies from our funded research projects with over 1,300 young people; (ii) *co-constructing* case studies in a way that engaged with and presented the voices of both young people and key stakeholders (e.g. schools, teachers, physical activity and health leaders in community settings, and policy and industry professionals); and (iii) *translating* the research through the identification of evidence-based practical solutions and through different discipline-based analyses of the case study chapters. This refined approach enabled us to retain the centrality of young people’s voices throughout the book.

We were also able to ensure that the disciplinary analyses and identification of practical solutions reflected young people’s experiences of social media, as well as their contemporary demands and needs. Consistent with knowledge translation frameworks, the engagement of key stakeholders also offered a more rounded picture of young people’s physical activity and health education, helping to ensure relevance to a wide audience, and with practical solutions that could be effective in a range of contexts and settings. The pedagogical case study model is therefore strongly grounded in the concept of knowledge translation. The aim of engaging iteratively and dynamically with young people and

key stakeholders was to ensure that this book and the evidence it presents could engage adults and influence the ways in which they support young people's engagement with digital health-related media. It is acknowledged that delivering impact of this nature will require further and multi-layered engagement strategies over time.

A central component of knowledge translation is the evaluation of implementation evidence (Holt *et al.* 2017; Perrier and Ginnis 2018). To date, however, there is limited evidence on how the pedagogical case model as used previously has impacted the knowledge, understanding, or practices of key practitioners. In this book we are seeking to influence schools, teachers, physical activity and health leaders in community settings, and policy and industry professionals. Monitoring the impact trail, therefore, will allow us to reflect back on the wider pedagogical case model and its effectiveness. The question remains however as to whether the pedagogical case model is effective in 'getting the right message to the right people' and in a way that clearly outlines what *adults need to know, should do, and act on in order to support young people*. There is a large literature on influencing adults in the context of practitioners and professional development. In the following section, we provide an overview of this literature and this provides some important clues about how best to ensure that our knowledge translation ambitions are met.

### **A review of the pedagogical cases model as a professional development tool**

In a range of fields, professional development is regarded as a central mechanism to support the development of professionals'/practitioners' knowledge, understanding, skills, and practices (Armour and Chambers 2014; Griffiths *et al.* 2018). Yet, in sport and exercise pedagogy, as in other fields, practitioners/professionals report that they rarely engage with the types of professional development activities that support their learning and/or are capable of supporting the development of their practices (Armour *et al.* 2017; Griffiths *et al.* 2018). The professional development offered by a range of trusts, organisations, and/or researchers is often less effective than designers anticipated.

To meet young people's demands and needs there is a clear need to ensure that practitioners/professionals have access to the most up-to-date evidence from a range of sub/disciplines (Armour 2017, 2014), and that a variety of methods, tools, and resources are deployed to support authentic learning (Tannehill, van der Mars, and MacPhail 2015). The function of professional development is typically grounded in this understanding, where professional development activities operate as a space or tool for the transfer of knowledge (Armour *et al.* 2017). In sport and exercise pedagogy it is evident that many professional development activities and/or courses focus on information-providing activities (Griffiths *et al.* 2018). Examples include workshops on a particular teaching method or practitioner-focused textbooks that provide step-by-step instructions on how to implement a model or framework to achieve particular outcomes, such as

motivation. Similar to Morden *et al.*'s (2015) critique of guidelines, merely delivering knowledge to professionals/practitioners in workshops or via textbooks is insufficient to support practitioner/professional learning (Griffiths *et al.* 2018). Professional development conceptualised as knowledge *transfer* rather than exchange or translation is an approach that ignores practitioner/professional judgement, the needs of the local context and, importantly, the diverse needs of young people.

At one level, this book could be conceptualised as a knowledge-transfer tool or an evidence-giving activity. Through the lens of knowledge transfer, the book provides practitioners/professionals with access to the latest evidence-based thinking on a contemporary issue impacting on young people's health and well-being. Yet the pedagogical case model was not designed merely to transfer information 'to' key stakeholders to use in their contexts. Instead, the pedagogical case model has been designed to ensure that it acts as a learning resource for a range of stakeholders, and to prompt thinking, critical enquiry, and the development of appropriate practices by stakeholders in their respective contexts. The book is also 'open access', thereby overcoming the persistent issues associated with ensuring that research is accessible to professionals/practitioners (Armour 2014).

Although the evidence-base on the characteristics of effective professional development are inconclusive (Goodyear 2017), there is some agreement that professional development is most likely to support practitioner learning when it is content-rich, engaging, relevant, and sustained (Cordingly *et al.* 2015; Griffiths *et al.* 2018; Makopoulou 2018). Case studies were used, therefore, to ensure that the empirically rich evidence from the research is presented in a way that is engaging and relevant to a range of stakeholders. Certainly, an extensive evidence-base reports that case studies are an effective tool for professional development since they provide practitioners/professionals with 'real life' and 'contextualised' examples that can be taken forward into a range of contexts (Armour and Jones 1998; Connell 1986; Jones *et al.* 2003; Stenhouse 1980; Thomas 2011). To further support stakeholder learning, the case studies (Chapters 2–7) are structured in the format of composite, empirically rich narratives. Through narrative, research evidence is presented in a way that is understandable, more human, and more memorable (Smith *et al.* 2013). Furthermore, narratives can 'open up, rather than close down, different ways of being and possible worlds in a manner that provokes people to think with and not just about research' (Smith *et al.* 2013, p. 2047). Using empirically rich, composite narrative case studies is, therefore, a strategy designed to support stakeholder learning in order to close gaps between the ways in which adults and young people understand social media.

Characteristics of effective professional development also include concepts of agency and capacity building, whereby adult learners are prompted, encouraged, and supported to critically evaluate evidence, inquire into their practices, and develop new insights that are aligned with the needs of their own contexts (Armour *et al.* 2017; Cordingly *et al.* 2015; Griffiths *et al.* 2018). A focus on

young people's different experiences – through six case studies – was also an important mechanism for informing adults in a way that they could offer challenges to simplistic and/or prescriptive approaches to supporting young people's health and wellbeing (Armour *et al.* 2017), such as the widely adopted and promoted regulatory advice currently given to many adults on young people's uses of social media (Livingstone *et al.* 2017). The aim was to report young people's diverse experiences in all their richness such that adults are supported to develop new insights and are prompted to consider the relevance of information presented in relation to the needs and demands of the young people for whom they are responsible.

Another important characteristic of effective professional development is its capacity to build connections between theory-research-practice. In this book, each section has aimed to bridge these theory-research-practice gaps. In Part I, evidence generated from young people was combined with the stakeholder analysis (that included a range of international multi-sector researchers, practitioners, and health and wellbeing professionals), and evidence and analysis were combined to provide considerations for research, policy, and/or practice. In Part II, each of the multi-disciplinary chapter authors analysed the evidence-base case studies and identified the types of practices and/or interventions from their discipline that could support young people's engagement with digital health-related media. As a result, the structure of the chapters within Parts I and II has been designed to offer evidence-based and practice-referenced insights, suggestions, and recommendations on how a range of different stakeholders can support young people's engagement with digital health-related media. Drawing on literature in the fields of professional development and knowledge translation (Armour *et al.* 2017; Holt *et al.* 2017; Smith *et al.* 2013), this dynamic approach to theory-research-practice serves to ensure that a range of professionals/practitioners can engage with the evidence and translate the findings as appropriate in their contexts and settings.

## **What next?**

There is a growing body of evidence reporting on the opportunities of digital/online environments to facilitate discussion, exchange, and dissemination between researchers, professional development facilitators, and key stakeholders (Carpenter and Krukta 2014). In the field of sport and exercise pedagogy, Massive Open Online Courses (Goodyear *et al.* 2017), Twitter chats (Goodyear *et al.* 2014) and blogs (Casey *et al.* 2014) have been evidenced as effective knowledge-exchange and professional development tools. Further, much could be learned from the experiences of young people that are presented in this book about how they interact and learn via social media. For many young people, there was evidence that engagement with social media is a seamless learning experience that binds online/offline contexts and allows young people to engage with the latest information. We, therefore, challenge academics to consider the types of knowledge-exchange activities they engage with, and how they can



optimise the use of digital technologies and digital media to facilitate sustained debate and discussion. It would certainly be of interest to see how papers and symposia presented at international conferences build on knowledge from previous years, where there is potential for different sub/disciplines to develop thematic approaches to conference sessions.

We make no claim that the pedagogical cases model used in this book has addressed all the challenges of bridging research-theory-practice gaps in this field. Specifically, further analysis is required to synthesise the information generated from young people and key stakeholders (i.e. international multi-sector researchers, practitioners, and health and wellbeing professionals) (Part I), and from the different disciplinary perspectives: health, physical education, eating disorders, human geography, and social capital, public pedagogies, memes, health literacy, and youth methodologies (Part II). There are also other disciplines that could provide helpful insights into the data and the analysis, and further stakeholder groups, such as parents, that could have extended our understandings of the types of support for young people that will be effective.

Yet, this next phase of analysis will be most effective if it is undertaken in collaboration with key stakeholders in a knowledge-exchange framework and it is likely that this will generate further questions that will need to be investigated. As with much research, answers are often partial and tantalising, and they serve to generate more nuanced questions. For example: What are the tipping points when young people switch from being critical, effective users and generators of health-related content to potentially vulnerable and at risk?; What role do schools, family members, and peers play in influencing the health-related content young people engage with through digital media?; What do parents need to know and do? How can we effectively investigate young people's agency and explain how their digital cultures influence health-related knowledge and behaviours?; and What knowledge translation methods will be effective in helping adults and key stakeholders to engage with the evidence?

As a starting point for the next phase of this work, particularly in developing the pedagogical case model as a professional development tool and promoting knowledge-exchange, we encourage you to engage with us about this research via Twitter and our website. We acknowledge that social media and other digital platforms change over time but for the foreseeable future, we can engage with you through Twitter, email and our OpenCPD website:

Victoria A. Goodyear: @VGoodyear  
 Kathleen M. Armour: @ArmourKathy  
 Website: [opencpd.net](http://opencpd.net)

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